

**Local Government Advisory Committee  
Room 473, Human Services Building, Salem  
January 13, 2006  
Minutes**

**ATTENDING**

Cathy Cooper	DHS – Seniors and People with Disabilities
Joe Corsiglia	Columbia County Commissioner
Bill Coulombe	DHS – Public Health
Bill Crowell	DHS – Office of Information Systems
Gary DiCenzo	Clackamas County
Ron Dodge	Polk County Commissioner
Gina Firman	Assoc. of Oregon Community Mental Health Programs
Linda Fleming	Conference of Local Health Officials
David Foster	Oregon Housing and Community Services
Gordon Fultz	Association of Oregon Counties
Bruce Goldberg	DHS – Director
Sharon Guidera	Assoc. of Oregon Community Mental Health Programs
Bill Hall	Lincoln County Commissioner
John Hartner	Oregon Assoc. of Community Corrections Directors
Tony Howell	League of Oregon Cities
Chuck Hurliman	Tillamook County Commissioner
Chris Johnson	Yamhill County Health and Human Services
Linda Modrell	Chair, Benton County Commissioner
Michael Morris	DHS – Health Services
Jim Neely	DHS – Children, Adults and Families
Trish Neiworth	DHS – Office of Public Affairs
Bob Nikkel	DHS – Office of Mental Health and Addiction Services
Fariborz Pakseresht	DHS – Administrative Services
Anne Peltier	Conference of Local Health Officials
Lynn Read	DHS – Office of Medical Assistance Program
Clyde Saiki	DHS – Deputy Director
Jasper Smith	Benton County Developmental Disabilities Program
James Toews	DHS – Seniors and People with Disabilities
Wendy VanElverdinghe	Community Action Directors of Oregon
Bill Wagner	Cascades West Council of Governments
Gillian Wesenberg	Coalition of County Children and Families Commissions

## **WELCOME & INTRODUCTIONS**

Linda Modrell called the meeting to order and roundtable introductions were made.

## **APPROVAL OF MINUTES & AGENDA**

The minutes from November 2005 were reviewed and approved.

## **ADDITIONAL AGENDA ITEMS**

Centers for Disease Control (CDC) funding on Pandemic flu.

Community Action Directors of Oregon (CADO) – Poverty Conference is scheduled for October 9-11, 2006. More information will be forthcoming.

Interim Committee on Public Health – Hearing will be held on Wednesday January 18 at 1:00 p.m. in HR A.

## **DIRECTOR'S REPORT**

Bruce Goldberg discussed the DHS budget – the reasons for the shortfall and what the Department is doing to fix the problem, as well as how to not let this situation happen again. Dr. Goldberg expressed his confidence in the future and the importance of what DHS does.

The '05-'07 budget was based on the spring forecast. The fall forecast is projecting a much greater caseload than anticipated. At the E-Board meeting in October, the Department had a shortfall from the '03-'05 budget due to errors in revenue tracking and cost accounting. That was cleaned up at the end of '03-'05, however the '05-'07 budget was based on those assumptions.

The Department has already taken a number of steps to keep this from happening again. DHS has brought in the state controller and a team put together from the Department of Treasury and other state agencies to do a thorough review of the revenue and expenditure tracking, internal controls, etc. A report on the findings will be out in March.

Another issue is how to assure greater reliability and validity in caseload forecasting. The ability to predict caseloads more than a year out is very difficult. Forecasting is not just based on what's happened in the past, but also on what will happen in the future and environmental changes to the economy. DHS is going to create different processes. Every month staff will do a better job of looking at how caseload actuals are aligning with the forecast and will analyze why they are or aren't tracking as predicted. DHS will have DAS conduct an external audit of DHS forecasting for validity and reliability.

To address the \$172 million shortfall, DHS staff is prepared to take about \$4 million in administrative reductions by holding some vacancies in non-critical positions, tightening the belt on services and supplies, watching travel and training expenses and using video conferencing whenever feasible.

DHS will also be looking at better caseload management, assuring that eligible people are getting into the right programs. There are things that can be done better that will reduce costs and provide more service for the same dollar. This is a time for creativity and solutions. DHS has a lot of good staff that do wonderful things.

### **ELECTION OF CHAIR AND VICE CHAIR**

There was a motion on the floor to keep Linda Modrell as Chair for another term and elect Chuck Hurliman for Vice Chair. The motion was passed.

### **MAKING A DIFFERENCE**

Trish Neiworth reported to the LGAC members on the Making a Difference informational fact sheets and stories. This is a public information program that was started to let the public know from a local perspective, the numbers of people served by DHS as to share success stories. The Department produced a fact sheet and at least one story for each of the 36 counties. DHS Office of Public Affairs worked with the local Service Delivery Areas to gather the data used. Once produced, the fact sheets were sent to all radio, newspaper and television stations, throughout the state and are also available on the Department's website. This is the first time this type of information has been produced and the Office of Public Affairs welcomes suggestions on how the 2006 series can be made better.

### **PROJECTS/PROCEDURES -POSSIBLE FOCUS AREAS FOR LGAC**

#### **USE OF DD BROKERAGE FUNDS**

Jasper Smith of Benton County discussed the issue of a gap for developmentally disabled (DD) kids in the 18-21 age group for vocational training. There is no clear direction of where the funding should come from. James Toews responded to these concerns. Several years ago DHS was in negotiations with the Department of Education regarding this issue. The negotiations broke down for a variety of reasons. This is still an issue with the Department as well as the brokerages. In order to come to a mutual understanding more discussion is needed.

#### **PATIENT RIGHTS LISTS**

Another issue of concern for the Benton County Mental Health Director, is the number of patient rights lists. By bringing it up at LGAC, maybe the group can assist in resolving this issue.

**Note: Attached are draft procedures developed by Linda Modrell for your review.**

#### **ASSOCIATION OF OREGON COUNTIES (AOC) ACTIVITIES**

Gordon Fultz told the LGAC that AOC would like to add to its current chart of what it does and how it works with the state. AOC would like to have a discussion to help identify holes in its legislative agenda.

In summary, Clyde Saiki said LGAC discussions should be around defining issues and determining how widespread the issues are. Actually coming up with a plan is not what this group should be doing.

It was the consensus of the group that the LGAC is a good forum for bringing issues to the attention of DHS and where appropriate, to share information on best practices.

#### **ROLE OF LGAC IN THE BUDGET PROCESS**

Clyde Saiki agreed that having LGAC involved with developing legislative concepts for the next Legislative Session would be appropriate. He will work with Gordon Fultz and Linda Fleming to develop some recommendations and they will report back to LGAC at the February meeting.

#### **ACUTE CARE**

Michael Morris reported on the acute care issue with Blue Mountain Recovery Center. The Department had been working under a waiver from CMS to utilize Blue Mountain Recovery Center and that waiver is going away. For this year (2006), the Department must reduce its Medicaid expenditures by 50%, and starting in November, DHS can no longer collect Medicaid for acute care at Blue Mountain Recovery Center. DHS is working with hospitals in eastern Oregon to find alternatives to address this issue.

#### **AFTER ACTION REPORT ON THE DISPENSING EXERCISE**

Bill Coulombe reported on the full-scale exercise for the Strategic National Stockpile from November 1-3, 2005. This was a fictional occurrence of a widespread disease outbreak that originated in Portland's so-called "annual harvest." Eight counties participated and set up ten PODs (Points of Distribution) statewide. The overall goals were: continuous improvement, to plan, exercise, refine, implement, and repeat it all over again. The actual report is currently in draft form. Many federal, state and local agencies were involved in this exercise. Feedback received from evaluator comments included better planning and

coordination is needed; address and consider security elements e.g., civil unrest, etc; improve the process flow of what level of medical detail is needed in response to the drill or in the event of a natural disaster.

This year the state is planning its exercise to be around a dirty bomb.

As a side note, the federal government announced there is \$100 million that will be distributed nationwide for pandemic flu planning and preparedness. This funding will come through the Center for Disease Control (CDC) rather than Health Resources and Services Administration (HRSA). Oregon's award should be about \$1.3 million and the President's budget is characterizing it as a "no year supplement" award, which means it will need to be spent by August 2006.

**MEDICARE PART D – DRUG BENEFIT** (Not on Agenda)

The group discussed the problems encountered by many dual eligible clients who were unable to get needed medication – some ended up being hospitalized. DHS staff were on hand last weekend and will also be available this coming weekend to answer calls for assistance. Governors across the nation have stepped up to provide temporary coverage until Health and Human Services can fix the glitches in the system.

Next meeting is February 10, 2006.

**TOPICS FOR NEXT MEETING**

Making a Difference - Trish Neiworth

County involvement in budget issues - Linda/Clyde/Gordon

Write up on best practices

What will happen on the \$172 million?

DHS strategy/level of services for Alcohol and Drug Treatment  
(Chris Johnson to email issues to Linda prior to meeting)

OSH Master Plan Update - Bob Nikkel

Meeting adjourned at 11:58 p.m.